

Technical Note
Priority Programs – HIV and AIDS

Review Team[†]: Anara Salamatova (UNAIDS), Damira Bibisunova (USAID), George Gotsadze[‡] (DFID Consultant), Jadranka Mimica (UNICEF), Saliya Karymbaeva (WHO)

Major Policy and Programmatic Issues Affecting Implementation

1. The HIV outbreak in Osh revealed underlying weaknesses of the current health care system as well as weaknesses of existing epidemic response mechanisms within and outside the health sector. The Kyrgyz Republic has made progress in fulfilling international agreements on the “Three Ones” principle (One agreed National HIV/AIDS Framework, One National AIDS Coordinating Body, One National Monitoring and Evaluation Plan). Kyrgyz Republic developed and adopted one national strategy – the State Program on HIV/AIDS for 2006-2010, on August 24th, 2007 reorganized National Multisectoral Coordination Committee (NMCC) and drafted one National Monitoring and Evaluation Plan. This program and institutions offer an opportunity for the government to supervise implementation of the State Program on HIV/AIDS for 2006-2010 that can help avert epidemic outbreaks in the future. While State Program for HIV and AIDS for 2006-2010 has been approved by the GoK almost a year ago (July 6, 2006), certain elements of this program yet are not operational on the ground. Therefore, increased attention has to be paid by the government to implement the strategy and reach out various sectors that are part of the government’s program. Therefore, it has been agreed that the government accelerates review and approval of the developed National Monitoring and Evaluation plan and this framework to be used by the National Multisectoral Coordination Committee (NMCC) to monitor implementation of the epidemic response and control measures described in the *State Program for HIV and AIDS for 2006-2010*.

2. To stop noscomial transmission (major cause of recent outbreak) and avert further spread of HIV through use of unsafe blood/blood products, it becomes important to prioritize infectious disease control within health care facilities, improve blood safety and assure availability of adequate supplies (consumables, syringes, needles, catheters, etc.) throughout the country and not only in the affected region. However, there are insufficient financial resources to assure availability of adequate supplies throughout the country. It was agreed that MOH will review these issues and mobilize necessary resources either within SWAp budget and/or through GFATM savings/reprogramming.

3. Further to this, there is urgent need to increase awareness among all medical staff countrywide about acceptable practices in transfusion, injections and universal precautions for infectious control. Therefore, it has been agreed that in the *Joint Plan of Action*, developed by the government, these interventions will be prioritized and submitted to NMCC for their review and approval within coming month. In addition, *Joint Plan of Action* that will account for inputs received from donors and partners will primarily focus on the immediate and medium term interventions, while HIV prevention and control activities planned for longer term will be informed by the *State Programme on HIV/AIDS for 2006-2010*.

4. In the *Joint Plan of Action*, the review team noticed aspiration on the part of some officials to amend the law on HIV/AIDS and revert to the practice of large scale testing of individuals for HIV without their consent. Kyrgyz Republic, being signatory to universal human rights declaration, desires to continue and respect the rights of its citizens. Therefore, it will continue to follow the practices already institutionalized, which gave good example to neighboring countries. Therefore, Government of Kyrgyz Republic will not revert to old practices that have been proven of questionable effectiveness as well as doubtful from human rights point of view.

Follow-up on Recommendations of the May 2007 Review
Scheduled for Completion Prior to the October 2007 Review

[†] In alphabetical order
[‡] The Team leader

5. During the spring 07 review, the Joint Review team and MOH counterparts agreed on a number of steps to be taken by the fall 07. The MOH prepared a report summarizing actions taken since May this year and table below reports on progress against these recommendations as presented in the report and discussed in the joint review meetings. Significant progress has been made against the majority of the May recommendations, however the summary document was supplied very late and were not prepared in the format agreed during May review. The review team members had very little time to study the documents. Therefore, it was reiterated that for the next Summit the POW Excel matrix would be extended with two columns: one with achievements to date, against the original plan and the other with the eventual delays and the reasons for these delays.

Review Team Recommendation	MOH Response/Action
<p>1. Integration. Before the next Summit, MOH will submit:</p> <ul style="list-style-type: none"> -the draft concepts and implementation plans for the integration of all four components (TB, HIV/AIDS, MCH and CVD), taking into account the recommendations of the May 2006 WHO/MOH Workshop on Integration -MoH will report on the achievements in integration of vertical services in the general health care system to date and the eventual establishment of new vertical institutions. 	<ul style="list-style-type: none"> • WHO provided consultant who has worked with the priority program group and prepared draft concept on integration for the discussion at autumn summit.
<p>2. Training. MOH will submit a consolidated and detailed training plan by the next Summit.</p> <ul style="list-style-type: none"> -Special attention will be given to the monies, necessary for the evaluation of the effectiveness of the provided training and its effectiveness in daily practice as well as for the targeted health conditions. 	<ul style="list-style-type: none"> • Advanced training plan with regard to overall specialty categories has been prepared until 2010. Issues of evaluation of efficiency of the conducted trainings will be covered within draft Concept for Continuous professional development for health care system professionals for 2007-2012.
<p>6. Blood safety. Related to, among other factors, HIV and other infectious agents, MOH is developing a comprehensive strategy on the availability and cost/effective use of safe blood and blood products for all citizens. For this, it will work on all the links in the chain of blood transfusion services including the organizational issues and the development of evidence based clinical protocols for the appropriate provision of blood, blood products and related pharmaceuticals.</p> <p><u>A new National Blood Safety Program, currently available in draft, will be available by the Fall of 2007 and presented to the review team.</u> The team advised to pay attention to the organizational issues (structure, number of blood transfusion centers and their management) and the development of evidence based clinical protocols for the appropriate provision of blood, blood products and related pharmaceuticals.</p>	<ul style="list-style-type: none"> • Republican blood service prepared project document, which addresses system reforms and includes required financial and technical assistance. KfW will finance this project. • Blood service requirements were also reflected in the GFATM Round 7 application. • The “State Program for development of blood service in Kyrgyz Republic for 2007-2011” reviewed by WHO/EURO awaits MoH approval;

Review Team Recommendation	MOH Response/Action
10. MCH and HIV drugs. MOH will develop by September 07 an approach to the timely procurement of low-volume drugs as to secure the availability of Vit. K for MCH and ARV's for the AIDS program	<ul style="list-style-type: none"> • ARV drug procurement issues were resolved and drugs are supplied in small quantities every 2-3 month. • Republican AIDS Center has sufficient supply of drugs (9 ARVs and 29 preparations for prevention and treatment of opportunistic infections) to fully meet the needs.
11. TB, PAL and AIDS. For the next Summit an integrated implementation plan will be presented, showing all activities and their funding for PAL and TB, including also all TB related activities funded from other sources and it will show the relevant links with the HIV/AIDS program.	<ul style="list-style-type: none"> • Integrated plan for activities to fight TB and promote lung health was developed. It includes funding from other sources and interaction with HIV and AIDS services.

6. The progress reported in this table was mainly supported with verbal account of implementing/responsible agencies and not with actual documents. The quality of the review needs to improve. Therefore, timely preparation of the documents and maybe some external technical assistance in this process will be instrumental.

Review of Plan of Work for 2008

7. The review team assessed *Joint Plan of Action* and SWAP plan developed by the GoK against the recommendations provided by donors concerning epidemic prevention and control measures stated in these documents. *Joint Plan of Action* covers the period from September 2007 until 2010 and proposes immediate actions in response to Osh epidemic outbreak as well as longer-term interventions beyond 2008.

8. Two issues were raised in relation these plans:

- a. Lack of prioritization in the *Joint Plan of Action* and duplication of longer term activities also detailed in *State Program on HIV/AIDS Epidemic Prevention and its Social-Economic Consequences in Kyrgyz Republic for 2006-2010*. The agreement was reached that MoH during 2008 in addition to activities planned under GFATM and SWAP financing will concentrate on the priority interventions necessary to avert epidemic spread caused by nosocomial transmission and unsafe blood use. Therefore, activities beyond 2008 will not be reflected in the *Joint Action Plan* that will be submitted to upcoming NMCC for review and approval; and
- b. Insufficient financial resources to assure availability of adequate supplies (consumables, syringes, needles, catheters, etc.) throughout the country.

9. The agreement was reached that MoH will review these issues and mobilize necessary resources either within SWAP budget and/or through GFATM savings/reprogramming.

10. Progress has been achieved in the development of a new National Blood Safety Program. "State program for development of blood service system in Kyrgyz Republic for 2007-2011" which was reviewed by WHO/Euro is awaiting government approval. Additional assistance is expected from KfW to improve donor blood quality and safety. However, in lieu of Osh outbreak, and along with improvements in blood supply system, it is important to timely develop and implement evidence based clinical protocols for appropriate use of blood and blood products in clinical settings (also noted by May 2007 JAR). MoH is recommended by review team to address these issues during this year and early 2008 and respectively allocate necessary resources for implementation.

Next Steps and Recommendations of the Review Team

11. Prior to next summit, approve National Monitoring and Evaluation Plan for HIV/AIDS.
12. Prepare and approval *Joint Plan of Action* to respond to HIV outbreak in Osh that will account for inputs received from donors and partners will primarily focus on the immediate and medium term interventions aimed at prevention of noscomial transmission and transmission through use of unsafe blood, and non-sterile medical practices.
13. Secure necessary financing and assure adequate supply of medical facilities country wide with consumables, syringes, needles, catheters, gloves, etc. During next summit, the MoH will assure that resources are mobilized and consumables are available throughout the country.
14. Timely secure technical assistance and improve forecasting capacity for ARV drug requirements, in particular pediatric ARV forecasting and procurement in the view of increased number of children with HIV arising from Osh outbreak.
15. Develop and implement at least dozen of evidence based clinical protocols for appropriate use of blood and blood products in clinical settings. Produce relevant government document confirming implementation of the stated protocols.
16. Complete vertical service integration concept and approve with the MoH decree.
17. Concerning HIV/AIDS MoH is recommended to reflect in the document how services required for prevention of HIC transmission from mother to child and pediatric AIDS treatment will be integrated in antenatal care (within Safe Motherhood program) and community based childcare. The evidence in support of integration could be treatment or ANC care protocols reflecting issues related to HIV and AIDS, etc.
18. The review team congratulates Kyrgyz partners on the number of trainings developed and implemented during 2007 related to HIV/AIDS issues. However, yet these trainings are not coordinated and/or institutionalized and neither linked to continuous education. Republican AIDS Center revealed its readiness to house their training courses within the Center for Training and Re-training of Medical Professionals. The agreement has been reached that prior to next review all trainings currently implemented by the Republican AIDS center will be moved to continuous center for education and adequate evidence will be produced for the next summit.
19. For the next Summit MoH will prepare POW Excel matrix that would have two additional columns: one with achievements to date, against the original plan and the other with the eventual delays and the reasons for these delays. These documents will be provided one week prior to the arrival of review team.
20. For the next summit the MoH will prepare a comprehensive capacity building plan for ensuring access of children with HIV to high quality treatment, care and support services. If required the MoH will approach technical partners to solicit required technical assistance.